

**Small Firm (1-10 Attorneys) Application**

*Underwritten by The Hanover Insurance Company*

**NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE READ THE POLICY AND APPLICATION INSTRUCTIONS CAREFULLY.**

**I. APPLICATION INSTRUCTIONS**

- Use this Application for firms with 1-10 Attorneys.
- Whenever used in this Application, the term "you", "your(s)", "firm" or "Applicant" shall mean the **Named Insured** and all predecessor firms, unless otherwise stated.
- Include all requested underwriting information indicated in Section X. below.
- Enclose copies of all letterhead on which the **Named Insured** is listed.
- All questions must be answered. If additional space is needed, continue on a separate sheet and indicate the question number.
- This Application and any Supplemental Applications must be signed and dated by a principal of the **Named Insured**.

**II. GENERAL INFORMATION**

1. ☐ New Hanover Applicant (New Business): ☐ or Existing Hanover Insured (Renewal): Hanover Policy No.: \_\_\_\_\_  
Date Business Commenced: \_\_\_\_\_ Effective Date: \_\_\_\_\_
2. Name of Applicant: \_\_\_\_\_  
*Please explain if name differs from the Named Insured letterhead. Include d/b/a if applicable.*
3. Type of Entity: ☐ Individual ☐ Partnership ☐ PC ☐ PLLC ☐ PLLP ☐ Other \_\_\_\_\_
4. Address of Applicant: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Firm Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_
5. Does the applicant have other office locations or a different billing address? ☐ Yes ☐ No  
*If "Yes", please attach a listing of each location.*
6. Total Gross Billings or Revenue for:  
Most Recent Fiscal Year: \_\_\_\_\_  
Previous Fiscal Year: \_\_\_\_\_
7. Does the applicant have ownership in a Title Agency that is a separate legal entity from the Named Insured / law firm? ☐ Yes ☐ No  
*If "Yes", is coverage requested for such Title Agency under this policy?* ☐ Yes ☐ No  
*If "Yes", please complete a Title Agency Supplemental Application*

**IMPORTANT:** It is understood and agreed that coverage is not provided for such Title Agency unless the information requested above is provided.

8. Estimate the percentage of hours per year the firm works in each area of practice (**NOTE:** Must total 100%).

***If denoted with an asterisk (\*), please provide a Supplemental Application.***

**RENEWAL- NO CHANGE** ☐

Administrative General	Intellectual Property – Copyright/Trademark*
Admiralty / Marine – Defense	Intellectual Property – Patent*
Admiralty / Marine – Plaintiff	International/Foreign Law #
Agent Practice and Entertainment Law*	Juvenile rights, guardian ad litem
Appellate	Marijuana-Medical and/or Non-Medical
Business Formation	Mediation, Arbitration (other than Securities/FINRA)
Business Transactions where the value of the transaction is greater than \$500,000 #	Medicare
Business Transactions where the value of the transaction is less than or equal to \$500,000 #	Mergers & Acquisitions #
Civil Litigation – General #	Municipal – Finance or Bonds*
Commercial & Corporate Litigation – Defense	Municipal – General (not finance)
Commercial & Corporate Litigation – Plaintiff	Oil & Gas, Mineral Rights*
Construction Law	Other # _____
Corporate Finance #	Plaintiff Litigation-Class Actions*
Creditor Rights / Collections*	Plaintiff Litigation-Mass Tort*
Creditor Rights / General (Bankruptcy)*	Plaintiff Litigation-Social Security
Criminal Defense	Plaintiff Personal Injury where the value of the case is more than \$250,000*
Defense Litigation & Insurance Carrier Representation*	Plaintiff Personal Injury where the value of the case is less than or equal to \$250,000*
Elder Law	Public Utilities (not finance)
Employee Benefit Plans, ERISA	Real Estate Finance #
Employment Law – Employee Representation	Real Estate – Res. & Basic Commercial where the value of the transaction is greater than \$1,000,000*
Employment Law – Management Representation	Real Estate – Res. & Basic Commercial where the value of the transaction is less than or equal to \$1,000,000*
Employment Law – Union Representation #	Schools & Education (not finance)
Environmental Regulatory*	Securities – Private Placement *
Estate and Probate – General	Securities – Public Registration *
Estates/Trusts where the value of the estate is greater than \$1,000,000*	Tax Preparation-Individual
Estates/Trusts where the value of the estate is less than or equal to \$1,000,000	Taxation (excluding estate tax & individual preparation)
Family Law where the value of the marital estate is greater than \$1,000,000	Tribal Law #
Family Law where the value of the marital estate is less than or equal to \$1,000,000	Water Rights #
Financial Institutions (Banking, Insurance, Asset Management)*	Workers Compensation (Defense)
Healthcare #	Workers Compensation (Plaintiff)
Immigration	

***If denoted with a hash tag (#), please provide details of areas of practice on the next page:***

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### III. ATTORNEYS AND PREDECESSOR FIRMS

1. Number of lawyers of the Applicant to be covered under this policy: \_\_\_\_\_ Number of non-lawyers: \_\_\_\_\_

2. Roster of lawyers (Use a separate sheet if needed)

**RENEWAL- NO CHANGE** ☐

Lawyer Name	Status*	Date of Hire	Retro Date if other than Date of Hire	Date of Birth	Hours Worked per Week	State(s) of Licensure & Bar / Registration Number	Date(s) Admitted	CLE (hrs)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

\* O – Owner

E – Employee

OC – Of Counsel

IC – Independent contractor

3. Is coverage requested for a Predecessor Firm(s)? ☐ Yes ☐ No

**RENEWAL- NO CHANGE** ☐

Predecessor Firm means any legal entity that was engaged in the practice of law, and to whose financial assets and liabilities the Applicant or Named Insured identified in Section II., Question 1. above is the majority successor in interest (more than 50%).

Name(s) of Predecessor Firm(s)	Date(s) Established	Date(s) Terminated	Number of Lawyers	Percentage of Ownership Retained

#### IV. REQUESTED COVERAGE

Indicate below which limits and deductibles are being requested. Limits of Liability are Per Claim / Aggregate. Check more than one if requesting multiple options.

**Professional Services Limits Of Liability** (Each Claim / Aggregate) or **RENEWAL PER EXPIRING POLICY** ☐

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$100,000 / \$300,000 | <input type="checkbox"/> \$500,000 / \$500,000     | <input type="checkbox"/> \$1,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$250,000 / \$500,000 | <input type="checkbox"/> \$500,000 / \$1,000,000   | <input type="checkbox"/> \$2,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$250,000 / \$750,000 | <input type="checkbox"/> \$500,000 / \$1,500,000   | <input type="checkbox"/> Other \$ / \$             |
| <input type="checkbox"/> \$300,000 / \$600,000 | <input type="checkbox"/> \$1,000,000 / \$1,000,000 |  |

**Professional Services Deductible** (Each Claim) or **RENEWAL PER EXPIRING POLICY** ☐

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$1,000 Each Claim | <input type="checkbox"/> \$5,000 Each Claim  | <input type="checkbox"/> \$15,000 Each Claim   |
| <input type="checkbox"/> \$2,500 Each Claim | <input type="checkbox"/> \$10,000 Each Claim | <input type="checkbox"/> \$ Each Claim (Other) |

#### V. CURRENT INSURANCE INFORMATION

Please provide the following information regarding the Applicant's most recent insurance.

**HANOVER RENEWAL** ☐  
(proceed to next Section)

- Is your firm currently insured for professional liability? ☐ Yes ☐ No
- Insurance History (beginning with most recent coverage)

	Carrier	Policy Period	Limits	Deductible	Premium	# of Attorneys	Retroactive Date(s)
Current Year							
Prior Year 1							
Prior Year 2							
Prior Year 3							

- If the Applicant or any member of the Applicant firm has elected an ERP, been non-renewed, cancelled or declined, please provide details \_\_\_\_\_?

**(Question Not Applicable In Missouri)**

#### VI. RISK MANAGEMENT

- Do you share letterhead with any other lawyer or firm; or does your name appear on the letterhead of any other lawyer or firm? ☐ Yes ☐ No  
**If "Yes", please provide the letterhead(s).**
- How many suits for collection of delinquent fees have been filed by the firm in the past two years? # \_\_\_\_\_  
**If the answer to Question 2 is "0", please select NA for Questions 2.a. and 2.b.**  
If more than two (2), please provide amounts and corrective action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- a. When evaluating whether a case should be sent to collection, does the firm review the file for the purpose of evaluating whether the possibility of a counter claim alleging malpractice might be filed in response? ☐ Yes ☐ No ☐ NA
- b. When evaluating whether a case should be sent for collection, does the firm wait until the applicable statute of limitations on a potential malpractice action has run before filing suit? ☐ Yes ☐ No ☐ NA
3. Do any firm members have more than 5% ownership in one or more publicly traded companies or more than 15% ownership in one or more companies that are not publicly traded and which are firm clients? ☐ Yes ☐ No  
**If "Yes", please complete an Outside Interest Supplement.**
4. Do any firm members serve as directors, officers, trustees, consultants, etc., for any firm clients? ☐ Yes ☐ No  
**If "Yes", please complete an Outside Interest Supplement.**
5. Does the firm outline and reduce to writing its billing policy and procedures when agreeing to represent a new client and/or existing client? ☐ Yes ☐ No
6. Please indicate if your firm has the following Risk Management procedures in use for all (client) matters:

	In Use For All Matters		In Use For All Matters
a. Dual Docket Calendar Controls	<input type="checkbox"/> Yes <input type="checkbox"/> No	d. Disengagement Letters	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Conflict of Interest	<input type="checkbox"/> Yes <input type="checkbox"/> No	f. Engagement Letters	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Client Communication Policies	<input type="checkbox"/> Yes <input type="checkbox"/> No	g. Non-Engagement Letters	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Additional information on your Risk Management Procedures can be provided by separate attachment for consideration.**

7. If you are a sole practitioner, please identify the lawyer who handles your cases in your absence. **Note: A Back-Up Lawyer is required for all solo firms. Select NA for multiple attorney firms.** ☐ NA

Back Up Lawyer: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

8. List the firm's five largest clients to whom the firm provided legal services in the past twelve months:

Client Name*	Client's Industry	Services Performed	Percentage of Firm's Annual Billings	Largest Case Value

**\*Where a client's name may not be disclosed, please insert a number from 1-5 (as applicable) in the Client Name field.**

## VII. LOSS INFORMATION

1. Within the past ten years, has any firm member been the subject of any of the following disciplinary actions or investigations/proceedings?
- |   |  |
|---|--|
| a. Currently pending investigations/proceedings   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Reprimand or Censure   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Suspension   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Imposition of a fine   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Refusal of admission to the bar or any bar association, court or administrative agency | <input type="checkbox"/> Yes <input type="checkbox"/> No |
2. In the past five (5) years, has any professional liability claim been made or suit brought against the firm, any predecessor firm, or any member of the firm? ☐ Yes ☐ No
- If "Yes" please attach details including number of suits, nature of complaint and name of claimants.*

## VIII. PRIOR KNOWLEDGE AND APPLICANT REPRESENTATION

The Applicant must answer the prior knowledge question below:

Is any **Insured** proposed for coverage aware of any fact, circumstance, or situation that might reasonably be expected to result in a **Claim** that would fall within the scope of the proposed coverage?

Yes ☐ No ☐

*If "Yes", please attach a full description of the details.*

This representation applies only to those coverage types for which no coverage is currently maintained and any higher limits of liability requested.

**IMPORTANT:** Without prejudice to any other rights and remedies of the **Insurer**, the Applicant understands and agrees that if any such fact, circumstance or situation exists, which is known to the **Insured** but not disclosed in response to the question above, any claim or action arising from such fact, circumstance or situation is excluded from coverage under the proposed policy, if issued by the **Insurer**.

## IX. MATERIAL CHANGE

If any of the Applicants discover or become aware of any significant change in the condition of the Applicant between the date of this **Application** and the policy inception date, which would render the **Application** inaccurate or incomplete, notice of such change will be reported in writing to us immediately and any outstanding quotation may be modified or withdrawn.

## X. DECLARATIONS, NOTICE AND SIGNATURES

The submission of this **Application** does not obligate the **Insurer** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the **Application** for coverage is accepted. The Applicant hereby authorizes the **Insurer** to make any inquiry in connection with this **Application**.

The undersigned, acting on behalf of all Applicants, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this **Application** and in any attachments or other documents submitted with the **Application** are true and complete.

The undersigned agree that the information provided in this **Application** and any material submitted herewith are the

representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the **Insurer** will have relied on all such materials in issuing any such policy. The undersigned further agree that the **Application** and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the **Application** shall be maintained on file (either electronically or paper) with us. No statement in the **Application**, fact pertaining to, or knowledge possessed by an **Insured Individual** shall be imputed to any other **Insured Individual**.

The information requested in this **Application** is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a **Claim** or potential **Claim**.

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO ARIZONA AND MISSOURI APPLICANTS:** Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

**NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO IDAHO AND OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO KANSAS APPLICANTS:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material there.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MICHIGAN APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NOTICE TO NEW HAMPSHIRE APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

**NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Note:** This **Application** must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

**Date**

**Signature**

**Title**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supporting Documentation: Please attach a copy of the following.**

- ☐ All copies of letterhead on which the Applicant is listed.
- ☐ Supplemental Applications for areas of practice as required in Section II., if applicable.
- ☐ Copy of declarations page and endorsements for continuity of coverage as required in Section V., if applicable.
- ☐ Supplemental Application for Outside Interest as required in Section VI., if applicable.